DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30228

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7567

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH FILLED OCT 13 1941

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2015 a Chippewa /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2015 a Chippewa 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Frank Van De Waller

3. (b) If veteran, name war No

3. (c) Social Security No. 489-01-7791

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Jeanette

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. (Month) 22 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	8	15	hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Truck Chauffeur

11. Industry or business

FATHER
12. Name Hy. Van De Waller
13. Birthplace (City, town, or county) 5 France (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 5 Germany (State or foreign country)

16. (a) Informant Jeanette Van De Waller
(b) Address 2015 a Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) SEP 19 1941 (Date received local registrar) (b) J. C. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1941 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 17, 1941, to Sept 16, 1941
that I last saw him alive on Sept 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis Hypertrophic — Duration 1 yr.

Due to

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Abdominal Routes

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. Cleveland (M. D. or other) M.D.
Address 5930 Southwest Ave. Date signed 9-18-41

(Licensed Embalmer's Statement on Reverse Side)

3930 80 Mech
7H 0750

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Clarence Kochow, Registered Apprentice No. ..... working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meram

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.